

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: _____	Manager or Designee: _____
Work Area: _____	Primary Preceptor: _____
Hire Date: _____	Competency Date: Met _____ Not Met: _____
Reason for validation: <input type="checkbox"/> Orientation <input type="checkbox"/> Re-validation <input type="checkbox"/> PI Follow-up <input type="checkbox"/> Other _____	

**Key:** 1 = No knowledge/No experience      3 = Knowledge/Done with assistance      **Circle method used for validation:** D = Demonstration    DR = Documentation Review    V = Verbalization  
 2 = Knowledge/No experience      4 = Knowledge/Done independently      T = Test/Quiz      O = Other (specify)

**Competency: Use of Restraints – Manages care and seeks to prevent complications in patients requiring restraints.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Identifies underlying causes of alteration in patient's behavior. (medical versus behavioral health)	1	2	3	4	D, DR, V			Unit Orientation	
2. For behavior health need for restraints, obtains consult and support services through nurse manager, NIMH OD, or administrative coordinator as necessary.	1	2	3	4				<u>NPCS Procedure:</u> Restraint Application	
3. Identifies how own behaviors can affect behavior of patient.	1	2	3	4	V			<u>MAS:</u> Restraint and Seclusion (M94-10)	
4. Utilizes alternative methods to manage behavioral alterations prior to restraint application.	1	2	3	4	DR			Experience with preceptor	
5. Obtains order for initiation and continued use of restraints per MAS guidelines.	1	2	3	4	DR				
6. Demonstrates correct application of : a. soft limb restraints b. safety vests 1. to bed 2. to chair	1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	D D D D				

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**Competency: Use of Restraints – Manages care and seeks to prevent complications in patients requiring restraints.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
7. Identifies signs of physical distress in the patient being restrained.	1	2	3	4	D, DR, V				
8. Identifies how developmental age, gender, ethnicity, history of abuse may affect patient reaction to use of physical restraint.	1	2	3	4	V				
9. Assists patient to meet individualized behavioral criteria for discontinuation of restraints.	1	2	3	4	DR				
10. Documents patient assessment minutes per MAS guidelines.	1	2	3	4	DR				
11. Document patient observations per NPCS guidelines.	1	2	3	4	DR				

**Action Plan for Competency Achievement**  
Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_